

**SECRET**  
(When filled in)

**INSTRUCTIONS:** This form will be used when requesting a search of RI indices, and/or withdrawal of listed documents from RI files. Separate forms will be used for each name submitted. No additional routing sheet is required.

NAME CHECK AND/OR DOCUMENT REQUEST SERVICE				DATE 2 Sept 54																					
FROM: T	DIVISION J 8R	ROOM NO. 26098	TELEPHONE 3582																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center; padding: 2px;">RECEIVED</td> <td style="width: 15%; text-align: center; padding: 2px;">FORWARDED</td> <td style="width: 15%; text-align: center; padding: 2px;">INITIALS</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;">ACTION DESIRED (Check one)</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/> END LISTED DOCUMENTS TO REQUESTER.</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;"><input type="checkbox"/> TELEPHONE REPLY.</td> </tr> </table>		RECEIVED	FORWARDED	INITIALS	ACTION DESIRED (Check one)			<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.			<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.			<input checked="" type="checkbox"/> END LISTED DOCUMENTS TO REQUESTER.			<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.			<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.			<input type="checkbox"/> TELEPHONE REPLY.		
RECEIVED	FORWARDED	INITIALS																							
ACTION DESIRED (Check one)																									
<input type="checkbox"/> LIST REFERENCE AND RETURN THIS FORM TO REQUESTER.																									
<input type="checkbox"/> LIST REFERENCES AND SEND DOCUMENTS TO REQUESTER.																									
<input checked="" type="checkbox"/> END LISTED DOCUMENTS TO REQUESTER.																									
<input type="checkbox"/> LIST STATION SYMBOL NUMBER OF REFERENCES AND RETURN THIS FORM.																									
<input type="checkbox"/> SEND RI ARCHIVES DOCUMENTS TO REQUESTER.																									
<input type="checkbox"/> TELEPHONE REPLY.																									
<b>PERSONAL DATA</b> NAME (Last) <i>(First)</i> <i>(Middle)</i> <b>TITLE</b> (Type or print) <i>Stankewics, Arlene</i> <b>ALIASES AND SPELLING VARIATIONS</b> DATE OF BIRTH <i>1921</i> OTHER IDENTIFYING DATA <i>Satvia Riga)</i> <input checked="" type="checkbox"/> NOT IDENTIFIABLE																									
<b>REFERENCES</b> RI requested to flag this name <i>8 Nov 54</i>																									
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHOD EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2006																									